

834 Benefit Enrollment and Maintenance

HIPAA/V5010X220A1/834 : 834 Benefit Enrollment and Maintenance

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834

Benefit Enrollment and Maintenance

Functional Group=BE

Purpose: This X12 Transaction Set contains the format and establishes the data contents of the Benefit Enrollment and Maintenance Transaction Set (834) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to establish communication between the sponsor of the insurance product and the payer. Such transaction(s) may or may not take place through a third party administrator (TPA). For the purpose of this standard, the sponsor is the party or entity that ultimately pays for the coverage, benefit or product. A sponsor can be an employer, union, government agency, association, or insurance agency. The payer refers to an entity that pays claims, administers the insurance product or benefit, or both. A payer can be an insurance company, health maintenance organization (HMO), preferred provider organization (PPO), government agency (Medicare, Medicaid, Champus, etc.), or an entity that may be contracted by one of these former groups. For the purpose of the 834 transaction set, a third party administrator (TPA) can be contracted by a sponsor to handle data gathering from those covered by the sponsor if the sponsor does not elect to perform this function itself.

Heading:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
0100	ST	Transaction Set Header	M	1			Required
0200	BGN	Beginning Segment	M	1			Required
0300	REF	Transaction Set Policy Number	O	1			Situational
0400	DTP	File Effective Date	O	>1			Situational
LOOP ID - 1000A					1	N1/0700L	
0700	N1	Sponsor Name	M	1		N1/0700	Required
LOOP ID - 1000B					1	N1/0700L	
0700	N1	Payer	M	1		N1/0700	Required

Detail:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
LOOP ID - 2000					>1	N2/0100L	
0100	INS	Member Level Detail	O	1		N2/0100	Required
0200	REF	Subscriber Identifier	M	1		N2/0200	Required
0200	REF	Member Policy Number	O	1		N2/0200	Situational
0200	REF	Member Supplemental Identifier	O	13		N2/0200	Situational
0250	DTP	Member Level Dates	O	24			Situational
LOOP ID - 2100A					1		
0300	NM1	Member Name	O	1			Required
0400	PER	Member Communications Numbers	O	1			Situational
0500	N3	Member Residence Street Address	O	1			Situational
0600	N4	Member City, State, ZIP Code	O	1			Situational
0800	DMG	Member Demographics	O	1			Situational
1500	LUI	Member Language	O	>1			Situational
LOOP ID - 2100B					1		
0300	NM1	Incorrect Member Name	O	1			Situational
0800	DMG	Incorrect Member Demographics	O	1			Situational
LOOP ID - 2100C					1		

0300	NM1	Member Mailing Address	O	1		Situational
0500	N3	Member Mail Street Address	O	1		Required
0600	N4	Member Mail City, State, ZIP Code	O	1		Required
<u>LOOP ID - 2100G</u>						
					<u>13</u>	
0300	NM1	Responsible Person	O	1		Situational
0400	PER	Responsible Person Communications Numbers	O	1		Situational
0500	N3	Responsible Person Street Address	O	1		Situational
0600	N4	Responsible Person City, State, ZIP Code	O	1		Situational
<u>LOOP ID - 2300</u>						
					<u>99</u>	
2600	HD	Health Coverage	O	1		Situational
2700	DTP	Health Coverage Dates	O	6		Required
<u>LOOP ID - 2310</u>						
					<u>30</u>	<u>N2/3100L</u>
3100	LX	Provider Information	O	1		N2/3100 Situational
3200	NM1	Provider Name	O	1		N2/3200 Required
6900	SE	Transaction Set Trailer	M	1		Required

ST Transaction Set Header

Pos: 0100	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 3

User Option (Usage): Required

Purpose: To indicate the start of a transaction set and to assign a control number

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
ST01	143	Transaction Set Identifier Code	M	ID	3/3	Required
Description: Code uniquely identifying a Transaction Set						
CodeList Summary (Total Codes: 318, Included: 1)						
		<u>Code</u>		<u>Name</u>		
		834		Benefit Enrollment and Maintenance		
ST02	329	Transaction Set Control Number	M	AN	4/9	Required
Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set						
ST03	1705	Implementation Convention Reference	O	AN	1/35	Required
Description: Reference assigned to identify Implementation Convention						

BGN Beginning Segment

Pos: 0200	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 6

User Option (Usage): Required

Purpose: To indicate the beginning of a transaction set

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
BGN01	353	Transaction Set Purpose Code	M	ID	2/2	Required
Description: Code identifying purpose of transaction set						
CodeList Summary (Total Codes: 66, Included: 2)						
		<u>Code</u> <u>Name</u>				
		00 Original				
		22 Information Copy				
BGN02	127	Reference Identification	M	AN	1/50	Required
Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier						
BGN03	373	Date	M	DT	8/8	Required
Description: Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year						
BGN04	337	Time	X	TM	4/8	Required
Description: Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)						
BGN05	623	Time Code	O	ID	2/2	Situational
Description: Code identifying the time. In accordance with International Standards Organization standard 8601, time can be specified by a + or - and an indication in hours in relation to Universal Time Coordinate (UTC) time; since + is a restricted character, + and - are substituted by P and M in the codes that follow						
CodeList Summary (Total Codes: 51, Included: 1)						
		<u>Code</u> <u>Name</u>				
		CT Central Time				
BGN08	306	Action Code	O	ID	1/2	Required
Description: Code indicating type of action						
CodeList Summary (Total Codes: 320, Included: 1)						
		<u>Code</u> <u>Name</u>				
		2 Change (Update)				

REF Transaction Set Policy Number

Pos: 0300	Max: 1
Heading - Optional	
Loop: N/A	Elements: 2

User Option (Usage): Situational

Purpose: To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required
Description: Code qualifying the Reference Identification						
CodeList Summary (Total Codes: 1731, Included: 1)						
		<u>Code</u>		<u>Name</u>		
		38		Master Policy Number		
REF02	127	Reference Identification	X	AN	1/50	Required
Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier						

DTP File Effective Date

Pos: 0400	Max: >1
Heading - Optional	
Loop: N/A	Elements: 3

User Option (Usage): Situational

Purpose: To specify any or all of a date, a time, or a time period

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier	M	ID	3/3	Required
Description: Code specifying type of date or time, or both date and time						
CodeList Summary (Total Codes: 1280, Included: 1)						
		<u>Code</u>		<u>Name</u>		
		007		Effective		
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required
Description: Code indicating the date format, time format, or date and time format						
CodeList Summary (Total Codes: 42, Included: 1)						
		<u>Code</u>		<u>Name</u>		
		D8		Date Expressed in Format CCYYMMDD		
DTP03	1251	Date Time Period	M	AN	1/35	Required
Description: Expression of a date, a time, or range of dates, times or dates and times						

N1**Sponsor Name**

Pos: 0700	Max: 1
Heading - Mandatory	
Loop: 1000A	Elements: 4

User Option (Usage): Required**Purpose:** To identify a party by type of organization, name, and code**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N101	98	Entity Identifier Code	M	ID	2/3	Required
Description: Code identifying an organizational entity, a physical location, property or an individual						
CodeList Summary (Total Codes: 1500, Included: 1)						
		<u>Code</u> <u>Name</u>				
		P5 Plan Sponsor				
N102	93	Name	X	AN	1/60	Situational
Description: Free-form name						
N103	66	Identification Code Qualifier	X	ID	1/2	Required
Description: Code designating the system/method of code structure used for Identification Code (67)						
CodeList Summary (Total Codes: 241, Included: 1)						
		<u>Code</u> <u>Name</u>				
		FI Federal Taxpayer's Identification Number				
N104	67	Identification Code	X	AN	2/80	Required
Description: Code identifying a party or other code						

N1**Payer**

Pos: 0700	Max: 1
Heading - Mandatory	
Loop: 1000B	Elements: 4

User Option (Usage): Required**Purpose:** To identify a party by type of organization, name, and code**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N101	98	Entity Identifier Code	M	ID	2/3	Required
		Description: Code identifying an organizational entity, a physical location, property or an individual				
		CodeList Summary (Total Codes: 1500, Included: 1)				
		<u>Code</u>		<u>Name</u>		
		IN		Insurer		
N102	93	Name	X	AN	1/60	Situational
		Description: Free-form name				
N103	66	Identification Code Qualifier	X	ID	1/2	Required
		Description: Code designating the system/method of code structure used for Identification Code (67)				
		CodeList Summary (Total Codes: 241, Included: 1)				
		<u>Code</u>		<u>Name</u>		
		FI		Federal Taxpayer's Identification Number		
N104	67	Identification Code	X	AN	2/80	Required
		Description: Code identifying a party or other code				
		ExternalCodeList				
		Name: 540				
		Description: Centers for Medicare and Medicaid Services PlanID				

INS Member Level Detail

Pos: 0100	Max: 1
Detail - Optional	
Loop: 2000	Elements: 10

User Option (Usage): Required

Purpose: To provide benefit information on insured entities

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
INS01	1073	Yes/No Condition or Response Code	M	ID	1/1	Required

Description: Code indicating a Yes or No condition or response

CodeList Summary (Total Codes: 4, Included: 1)

<u>Code</u>	<u>Name</u>
Y	Yes

INS02	1069	Individual Relationship Code	M	ID	2/2	Required
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Description: Code indicating the relationship between two individuals or entities

CodeList Summary (Total Codes: 154, Included: 1)

<u>Code</u>	<u>Name</u>
18	Self

INS03	875	Maintenance Type Code	O	ID	3/3	Required
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Description: Code identifying the specific type of item maintenance

CodeList Summary (Total Codes: 123, Included: 5)

<u>Code</u>	<u>Name</u>
001	Change
021	Addition
024	Cancellation or Termination
025	Reinstatement
030	Audit or Compare

INS04	1203	Maintenance Reason Code	O	ID	2/3	Situational
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Description: Code identifying the reason for the maintenance change

CodeList Summary (Total Codes: 118, Included: 48)

<u>Code</u>	<u>Name</u>
01	Divorce
02	Birth
03	Death
04	Retirement
05	Adoption
06	Strike
07	Termination of Benefits
08	Termination of Employment
09	Consolidation Omnibus Budget Reconciliation Act (COBRA)
10	Consolidation Omnibus Budget Reconciliation Act (COBRA) Premium Paid
11	Surviving Spouse
14	Voluntary Withdrawal
15	Primary Care Provider (PCP) Change
16	Quit

		17	Fired				
		18	Suspended				
		20	Active				
		21	Disability				
		22	Plan Change				
		25	Change in Identifying Data Elements				
		26	Declined Coverage				
		27	Pre-Enrollment				
		28	Initial Enrollment				
		29	Benefit Selection				
		31	Legal Separation				
		32	Marriage				
		33	Personnel Data				
		37	Leave of Absence with Benefits				
		38	Leave of Absence without Benefits				
		39	Lay Off with Benefits				
		40	Lay Off without Benefits				
		41	Re-enrollment				
		43	Change of Location				
		59	Non Payment				
		AA	Dissatisfaction with Office Staff				
		AB	Dissatisfaction with Medical Care/Services Rendered				
		AC	Inconvenient Office Location				
		AD	Dissatisfaction with Office Hours				
		AE	Unable to Schedule Appointments in a Timely Manner				
		AF	Dissatisfaction with Physician's Referral Policy				
		AG	Less Respect and Attention Time Given than to Other Patients				
		AH	Patient Moved to a New Location				
		AI	No Reason Given				
		AJ	Appointment Times not Met in a Timely Manner				
		AL	Algorithm Assigned Benefit Selection				
		EC	Member Benefit Selection				
		XN	Notification Only				
		XT	Transfer				
INS05	1216	Benefit Status Code		O	ID	1/1	Required
		Description: The type of coverage under which benefits are paid					
		CodeList Summary (Total Codes: 6, Included: 1)					
		<u>Code</u>	<u>Name</u>				
		A	Active				
INS06	C052	Medicare Status Code		O	Comp		Situational
		Description: To provide Medicare coverage and associated reason for Medicare eligibility					
INS06-01	1218	Medicare Plan Code		M	ID	1/1	Required
		Description: Code identifying the Medicare Plan					
		CodeList Summary (Total Codes: 5, Included: 5)					
		<u>Code</u>	<u>Name</u>				
		A	Medicare Part A				
		B	Medicare Part B				
		C	Medicare Part A and B				

		D	Medicare				
		E	No Medicare				
INS08	584	Employment Status Code		O	ID	2/2	Situational
		Description: Code showing the general employment status of an employee/claimant					
		CodeList Summary (Total Codes: 91, Included: 2)					
		<u>Code</u>	<u>Name</u>				
		FT	Full-time				
		TE	Terminated				
INS09	1220	Student Status Code		O	ID	1/1	Situational
		Description: Code indicating the student status of the patient if 19 years of age or older, not handicapped and not the insured					
		CodeList Summary (Total Codes: 3, Included: 3)					
		<u>Code</u>	<u>Name</u>				
		F	Full-time				
		N	Not a Student				
		P	Part-time				
INS11	1250	Date Time Period Format Qualifier		X	ID	2/3	Situational
		Description: Code indicating the date format, time format, or date and time format					
		CodeList Summary (Total Codes: 42, Included: 1)					
		<u>Code</u>	<u>Name</u>				
		D8	Date Expressed in Format CCYYMMDD				
INS12	1251	Date Time Period		X	AN	1/35	Situational
		Description: Expression of a date, a time, or range of dates, times or dates and times					

REF Subscriber Identifier

Pos: 0200	Max: 1
Detail - Mandatory	
Loop: 2000	Elements: 2

User Option (Usage): Required

Purpose: To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required
Description: Code qualifying the Reference Identification						
CodeList Summary (Total Codes: 1731, Included: 1)						
		<u>Code</u>		<u>Name</u>		
		0F		Subscriber Number		
REF02	127	Reference Identification	X	AN	1/50	Required
Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier						

REF Member Policy Number

Pos: 0200	Max: 1
Detail - Optional	
Loop: 2000	Elements: 2

User Option (Usage): Situational

Purpose: To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required
Description: Code qualifying the Reference Identification						
CodeList Summary (Total Codes: 1731, Included: 1)						
		<u>Code</u> <u>Name</u>				
		1L Group or Policy Number				
REF02	127	Reference Identification	X	AN	1/50	Required
Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier						

REF Member Supplemental Identifier

Pos: 0200	Max: 13
Detail - Optional	
Loop: 2000	Elements: 2

User Option (Usage): Situational

Purpose: To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required

Description: Code qualifying the Reference Identification

CodeList Summary (Total Codes: 1731, Included: 2)

<u>Code</u>	<u>Name</u>
3H	Case Number
F6	Health Insurance Claim (HIC) Number

REF02	127	Reference Identification	X	AN	1/50	Required
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Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

ExternalCodeList

Name: 307

Description: National Council for Prescription Drug Programs Pharmacy Number

DTP Member Level Dates

Pos: 0250	Max: 24
Detail - Optional	
Loop: 2000	Elements: 3

User Option (Usage): Situational

Purpose: To specify any or all of a date, a time, or a time period

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier	M	ID	3/3	Required
Description: Code specifying type of date or time, or both date and time						
CodeList Summary (Total Codes: 1280, Included: 2)						
		<u>Code</u> <u>Name</u>				
		356 Eligibility Begin				
		357 Eligibility End				
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required
Description: Code indicating the date format, time format, or date and time format						
CodeList Summary (Total Codes: 42, Included: 1)						
		<u>Code</u> <u>Name</u>				
		D8 Date Expressed in Format CCYYMMDD				
DTP03	1251	Date Time Period	M	AN	1/35	Required
Description: Expression of a date, a time, or range of dates, times or dates and times						

NM1 Member Name

Pos: 0300	Max: 1
Detail - Optional	
Loop: 2100A	Elements: 9

User Option (Usage): Required

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code	M	ID	2/3	Required
Description: Code identifying an organizational entity, a physical location, property or an individual						
CodeList Summary (Total Codes: 1500, Included: 2)						
		<u>Code</u> <u>Name</u>				
		74 Corrected Insured				
		IL Insured or Subscriber				
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required
Description: Code qualifying the type of entity						
CodeList Summary (Total Codes: 16, Included: 1)						
		<u>Code</u> <u>Name</u>				
		1 Person				
NM103	1035	Name Last or Organization Name	X	AN	1/60	Required
Description: Individual last name or organizational name						
NM104	1036	Name First	O	AN	1/35	Situational
Description: Individual first name						
NM105	1037	Name Middle	O	AN	1/25	Situational
Description: Individual middle name or initial						
NM106	1038	Name Prefix	O	AN	1/10	Situational
Description: Prefix to individual name						
NM107	1039	Name Suffix	O	AN	1/10	Situational
Description: Suffix to individual name						
NM108	66	Identification Code Qualifier	X	ID	1/2	Situational
Description: Code designating the system/method of code structure used for Identification Code (67)						
CodeList Summary (Total Codes: 241, Included: 2)						
		<u>Code</u> <u>Name</u>				
		34 Social Security Number				
		ZZ Mutually Defined				
NM109	67	Identification Code	X	AN	2/80	Situational
Description: Code identifying a party or other code						

PER Member Communications Numbers

Pos: 0400	Max: 1
Detail - Optional	
Loop: 2100A	Elements: 3

User Option (Usage): Situational

Purpose: To identify a person or office to whom administrative communications should be directed

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PER01	366	Contact Function Code	M	ID	2/2	Required
Description: Code identifying the major duty or responsibility of the person or group named						
CodeList Summary (Total Codes: 238, Included: 1)						
		<u>Code</u> <u>Name</u>				
		IP Insured Party				
PER03	365	Communication Number Qualifier	X	ID	2/2	Required
Description: Code identifying the type of communication number						
CodeList Summary (Total Codes: 42, Included: 9)						
		<u>Code</u> <u>Name</u>				
		AP Alternate Telephone				
		BN Beeper Number				
		CP Cellular Phone				
		EM Electronic Mail				
		EX Telephone Extension				
		FX Facsimile				
		HP Home Phone Number				
		TE Telephone				
		WP Work Phone Number				
PER04	364	Communication Number	X	AN	1/256	Required
Description: Complete communications number including country or area code when applicable						

N3

Member Residence Street Address

Pos: 0500	Max: 1
Detail - Optional	
Loop: 2100A	Elements: 2

User Option (Usage): Situational

Purpose: To specify the location of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	Address Information	M	AN	1/55	Required
		Description: Address information				
N302	166	Address Information	O	AN	1/55	Situational
		Description: Address information				

N4 Member City, State, ZIP Code

Pos: 0600	Max: 1
Detail - Optional	
Loop: 2100A	Elements: 5

User Option (Usage): Situational

Purpose: To specify the geographic place of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N401	19	City Name	O	AN	2/30	Required
		Description: Free-form text for city name				
N402	156	State or Province Code	X	ID	2/2	Situational
		Description: Code (Standard State/Province) as defined by appropriate government agency				
		ExternalCodeList				
		Name: 22C				
		Description: States and Provinces				
N403	116	Postal Code	O	ID	3/15	Situational
		Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States)				
		ExternalCodeList				
		Name: 932				
		Description: Universal Postal Codes				
		ExternalCodeList				
		Name: 51				
		Description: ZIP Code				
N405	309	Location Qualifier	X	ID	1/2	Situational
		Description: Code identifying type of location				
		CodeList Summary (Total Codes: 184, Included: 2)				
		Code	Name			
		60	Area			
		CY	County/Parish			
N406	310	Location Identifier	O	AN	1/30	Situational
		Description: Code which identifies a specific location				

DMG Member Demographics

Pos: 0800	Max: 1
Detail - Optional	
Loop: 2100A	Elements: 4

User Option (Usage): Situational

Purpose: To supply demographic information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DMG01	1250	Date Time Period Format Qualifier	X	ID	2/3	Required
Description: Code indicating the date format, time format, or date and time format						
CodeList Summary (Total Codes: 42, Included: 1)						
		<u>Code</u> <u>Name</u>				
		D8 Date Expressed in Format CCYYMMDD				
DMG02	1251	Date Time Period	X	AN	1/35	Required
Description: Expression of a date, a time, or range of dates, times or dates and times						
DMG03	1068	Gender Code	O	ID	1/1	Required
Description: Code indicating the sex of the individual						
CodeList Summary (Total Codes: 7, Included: 3)						
		<u>Code</u> <u>Name</u>				
		F Female				
		M Male				
		U Unknown				
DMG05	C056	Composite Race or Ethnicity Information	X	Comp		Situational
Description: To send general and detailed information on race or ethnicity						
DMG05-01	1109	Race or Ethnicity Code	O	ID	1/1	Situational
Description: Code indicating the racial or ethnic background of a person; it is normally self-reported; Under certain circumstances this information is collected for United States Government statistical purposes						
CodeList Summary (Total Codes: 23, Included: 16)						
		<u>Code</u> <u>Name</u>				
		7 Not Provided				
		8 Not Applicable				
		A Asian or Pacific Islander				
		B Black				
		C Caucasian				
		D Subcontinent Asian American				
		E Other Race or Ethnicity				
		F Asian Pacific American				
		G Native American				
		H Hispanic				
		I American Indian or Alaskan Native				
		J Native Hawaiian				
		N Black (Non-Hispanic)				

O	White (Non-Hispanic)
P	Pacific Islander
Z	Mutually Defined

LUI Member Language

Pos: 1500	Max: >1
Detail - Optional	
Loop: 2100A	Elements: 2

User Option (Usage): Situational

Purpose: To specify language, type of usage, and proficiency or fluency

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
LUI01	66	Identification Code Qualifier	X	ID	1/2	Situational

Description: Code designating the system/method of code structure used for Identification Code (67)

CodeList Summary (Total Codes: 241, Included: 1)

<u>Code</u>	<u>Name</u>
LE	ISO 639 Language Codes

LUI02	67	Identification Code	X	AN	2/80	Situational
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Description: Code identifying a party or other code

ExternalCodeList

Name: 457

Description: NISO Z39.53 Language Code List

ExternalCodeList

Name: 102

Description: Languages

NM1 Incorrect Member Name

Pos: 0300	Max: 1
Detail - Optional	
Loop: 2100B	Elements: 9

User Option (Usage): Situational

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>						
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual CodeList Summary (Total Codes: 1500, Included: 1) <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>70</td><td>Prior Incorrect Insured</td></tr></table>	<u>Code</u>	<u>Name</u>	70	Prior Incorrect Insured	M	ID	2/3	Required		
<u>Code</u>	<u>Name</u>											
70	Prior Incorrect Insured											
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity CodeList Summary (Total Codes: 16, Included: 1) <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>1</td><td>Person</td></tr></table>	<u>Code</u>	<u>Name</u>	1	Person	M	ID	1/1	Required		
<u>Code</u>	<u>Name</u>											
1	Person											
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name	X	AN	1/60	Required						
NM104	1036	Name First Description: Individual first name	O	AN	1/35	Situational						
NM105	1037	Name Middle Description: Individual middle name or initial	O	AN	1/25	Situational						
NM106	1038	Name Prefix Description: Prefix to individual name	O	AN	1/10	Situational						
NM107	1039	Name Suffix Description: Suffix to individual name	O	AN	1/10	Situational						
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) CodeList Summary (Total Codes: 241, Included: 2) <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>34</td><td>Social Security Number</td></tr><tr><td>ZZ</td><td>Mutually Defined</td></tr></table>	<u>Code</u>	<u>Name</u>	34	Social Security Number	ZZ	Mutually Defined	X	ID	1/2	Situational
<u>Code</u>	<u>Name</u>											
34	Social Security Number											
ZZ	Mutually Defined											
NM109	67	Identification Code Description: Code identifying a party or other code	X	AN	2/80	Situational						

DMG Incorrect Member Demographics

Pos: 0800	Max: 1
Detail - Optional	
Loop: 2100B	Elements: 3

User Option (Usage): Situational

Purpose: To supply demographic information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DMG01	1250	Date Time Period Format Qualifier	X	ID	2/3	Situational
Description: Code indicating the date format, time format, or date and time format						
CodeList Summary (Total Codes: 42, Included: 1)						
		<u>Code</u> <u>Name</u>				
		D8 Date Expressed in Format CCYYMMDD				
DMG02	1251	Date Time Period	X	AN	1/35	Situational
Description: Expression of a date, a time, or range of dates, times or dates and times						
DMG03	1068	Gender Code	O	ID	1/1	Situational
Description: Code indicating the sex of the individual						
CodeList Summary (Total Codes: 7, Included: 3)						
		<u>Code</u> <u>Name</u>				
		F Female				
		M Male				
		U Unknown				

NM1 Member Mailing Address

Pos: 0300	Max: 1
Detail - Optional	
Loop: 2100C	Elements: 2

User Option (Usage): Situational

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code	M	ID	2/3	Required
Description: Code identifying an organizational entity, a physical location, property or an individual						
CodeList Summary (Total Codes: 1500, Included: 1)						
		<u>Code</u>		<u>Name</u>		
		31		Postal Mailing Address		
NM102	1065	Entity Type Qualifier	M	ID	1/1	Required
Description: Code qualifying the type of entity						
CodeList Summary (Total Codes: 16, Included: 1)						
		<u>Code</u>		<u>Name</u>		
		1		Person		

N3 Member Mail Street Address

Pos: 0500	Max: 1
Detail - Optional	
Loop: 2100C	Elements: 2

User Option (Usage): Required

Purpose: To specify the location of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	Address Information	M	AN	1/55	Required
		Description: Address information				
N302	166	Address Information	O	AN	1/55	Situational
		Description: Address information				

N4**Member Mail City, State,
ZIP Code**

Pos: 0600	Max: 1
Detail - Optional	
Loop: 2100C	Elements: 3

User Option (Usage): Required**Purpose:** To specify the geographic place of the named party**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N401	19	City Name	O	AN	2/30	Required
		Description: Free-form text for city name				
N402	156	State or Province Code	X	ID	2/2	Situational
		Description: Code (Standard State/Province) as defined by appropriate government agency				
		<u>ExternalCodeList</u>				
		Name: 22C				
		Description: States and Provinces				
N403	116	Postal Code	O	ID	3/15	Situational
		Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States)				
		<u>ExternalCodeList</u>				
		Name: 932				
		Description: Universal Postal Codes				
		<u>ExternalCodeList</u>				
		Name: 51				
		Description: ZIP Code				

NM1 Responsible Person

Pos: 0300	Max: 1
Detail - Optional	
Loop: 2100G	Elements: 9

User Option (Usage): Situational

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>						
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual CodeList Summary (Total Codes: 1500, Included: 1) <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>QD</td><td>Responsible Party</td></tr></table>	<u>Code</u>	<u>Name</u>	QD	Responsible Party	M	ID	2/3	Required		
<u>Code</u>	<u>Name</u>											
QD	Responsible Party											
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity CodeList Summary (Total Codes: 16, Included: 1) <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>1</td><td>Person</td></tr></table>	<u>Code</u>	<u>Name</u>	1	Person	M	ID	1/1	Required		
<u>Code</u>	<u>Name</u>											
1	Person											
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name	X	AN	1/60	Required						
NM104	1036	Name First Description: Individual first name	O	AN	1/35	Situational						
NM105	1037	Name Middle Description: Individual middle name or initial	O	AN	1/25	Situational						
NM106	1038	Name Prefix Description: Prefix to individual name	O	AN	1/10	Situational						
NM107	1039	Name Suffix Description: Suffix to individual name	O	AN	1/10	Situational						
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) CodeList Summary (Total Codes: 241, Included: 2) <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>34</td><td>Social Security Number</td></tr><tr><td>ZZ</td><td>Mutually Defined</td></tr></table>	<u>Code</u>	<u>Name</u>	34	Social Security Number	ZZ	Mutually Defined	X	ID	1/2	Situational
<u>Code</u>	<u>Name</u>											
34	Social Security Number											
ZZ	Mutually Defined											
NM109	67	Identification Code Description: Code identifying a party or other code	X	AN	2/80	Situational						

PER Responsible Person Communications Numbers

Pos: 0400	Max: 1
Detail - Optional	
Loop: 2100G	Elements: 7

User Option (Usage): Situational

Purpose: To identify a person or office to whom administrative communications should be directed

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>																				
PER01	366	Contact Function Code Description: Code identifying the major duty or responsibility of the person or group named CodeList Summary (Total Codes: 238, Included: 1) <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>RP</td><td>Responsible Person</td></tr></table>	<u>Code</u>	<u>Name</u>	RP	Responsible Person	M	ID	2/2	Required																
<u>Code</u>	<u>Name</u>																									
RP	Responsible Person																									
PER03	365	Communication Number Qualifier Description: Code identifying the type of communication number CodeList Summary (Total Codes: 42, Included: 9) <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>AP</td><td>Alternate Telephone</td></tr><tr><td>BN</td><td>Beeper Number</td></tr><tr><td>CP</td><td>Cellular Phone</td></tr><tr><td>EM</td><td>Electronic Mail</td></tr><tr><td>EX</td><td>Telephone Extension</td></tr><tr><td>FX</td><td>Facsimile</td></tr><tr><td>HP</td><td>Home Phone Number</td></tr><tr><td>TE</td><td>Telephone</td></tr><tr><td>WP</td><td>Work Phone Number</td></tr></table>	<u>Code</u>	<u>Name</u>	AP	Alternate Telephone	BN	Beeper Number	CP	Cellular Phone	EM	Electronic Mail	EX	Telephone Extension	FX	Facsimile	HP	Home Phone Number	TE	Telephone	WP	Work Phone Number	X	ID	2/2	Required
<u>Code</u>	<u>Name</u>																									
AP	Alternate Telephone																									
BN	Beeper Number																									
CP	Cellular Phone																									
EM	Electronic Mail																									
EX	Telephone Extension																									
FX	Facsimile																									
HP	Home Phone Number																									
TE	Telephone																									
WP	Work Phone Number																									
PER04	364	Communication Number Description: Complete communications number including country or area code when applicable	X	AN	1/256	Required																				
PER05	365	Communication Number Qualifier Description: Code identifying the type of communication number CodeList Summary (Total Codes: 42, Included: 9) <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>AP</td><td>Alternate Telephone</td></tr><tr><td>BN</td><td>Beeper Number</td></tr><tr><td>CP</td><td>Cellular Phone</td></tr><tr><td>EM</td><td>Electronic Mail</td></tr><tr><td>EX</td><td>Telephone Extension</td></tr><tr><td>FX</td><td>Facsimile</td></tr><tr><td>HP</td><td>Home Phone Number</td></tr><tr><td>TE</td><td>Telephone</td></tr><tr><td>WP</td><td>Work Phone Number</td></tr></table>	<u>Code</u>	<u>Name</u>	AP	Alternate Telephone	BN	Beeper Number	CP	Cellular Phone	EM	Electronic Mail	EX	Telephone Extension	FX	Facsimile	HP	Home Phone Number	TE	Telephone	WP	Work Phone Number	X	ID	2/2	Situational
<u>Code</u>	<u>Name</u>																									
AP	Alternate Telephone																									
BN	Beeper Number																									
CP	Cellular Phone																									
EM	Electronic Mail																									
EX	Telephone Extension																									
FX	Facsimile																									
HP	Home Phone Number																									
TE	Telephone																									
WP	Work Phone Number																									
PER06	364	Communication Number Description: Complete communications number including country or area code	X	AN	1/256	Situational																				

		when applicable				
PER07	365	Communication Number Qualifier	X	ID	2/2	Situational
		Description: Code identifying the type of communication number				
		CodeList Summary (Total Codes: 42, Included: 9)				
		<u>Code</u> <u>Name</u>				
		AP Alternate Telephone				
		BN Beeper Number				
		CP Cellular Phone				
		EM Electronic Mail				
		EX Telephone Extension				
		FX Facsimile				
		HP Home Phone Number				
		TE Telephone				
		WP Work Phone Number				
PER08	364	Communication Number	X	AN	1/256	Situational
		Description: Complete communications number including country or area code when applicable				

N3

Responsible Person Street Address

Pos: 0500	Max: 1
Detail - Optional	
Loop: 2100G	Elements: 2

User Option (Usage): Situational

Purpose: To specify the location of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	Address Information	M	AN	1/55	Required
		Description: Address information				
N302	166	Address Information	O	AN	1/55	Situational
		Description: Address information				

N4**Responsible Person City,
State, ZIP Code**

Pos: 0600	Max: 1
Detail - Optional	
Loop: 2100G	Elements: 5

User Option (Usage): Situational**Purpose:** To specify the geographic place of the named party**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N401	19	City Name	O	AN	2/30	Required
		Description: Free-form text for city name				
N402	156	State or Province Code	X	ID	2/2	Situational
		Description: Code (Standard State/Province) as defined by appropriate government agency				
		<u>ExternalCodeList</u>				
		Name: 22C				
		Description: States and Provinces				
N403	116	Postal Code	O	ID	3/15	Situational
		Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States)				
		<u>ExternalCodeList</u>				
		Name: 932				
		Description: Universal Postal Codes				
		<u>ExternalCodeList</u>				
		Name: 51				
		Description: ZIP Code				
N404	26	Country Code	X	ID	2/3	Situational
		Description: Code identifying the country				
		<u>ExternalCodeList</u>				
		Name: 5				
		Description: Countries, Currencies and Funds				
N407	1715	Country Subdivision Code	X	ID	1/3	Situational
		Description: Code identifying the country subdivision				
		<u>ExternalCodeList</u>				
		Name: 5				
		Description: Countries, Currencies and Funds				

HD**Health Coverage**

Pos: 2600	Max: 1
Detail - Optional	
Loop: 2300	Elements: 5

User Option (Usage): Situational**Purpose:** To provide information on health coverage**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HD01	875	Maintenance Type Code	M	ID	3/3	Required

Description: Code identifying the specific type of item maintenance**CodeList Summary** (Total Codes: 123, Included: 8)

<u>Code</u>	<u>Name</u>
001	Change
002	Delete
021	Addition
024	Cancellation or Termination
025	Reinstatement
026	Correction
030	Audit or Compare
032	Employee Information Not Applicable

HD03	1205	Insurance Line Code	O	ID	2/3	Required
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Description: Code identifying a group of insurance products**CodeList Summary** (Total Codes: 55, Included: 22)

<u>Code</u>	<u>Name</u>
AG	Preventative Care/Wellness
AH	24 Hour Care
AJ	Medicare Risk
AK	Mental Health
HE	Hearing
MM	Major Medical
UR	Utilization Review
DCP	Dental Capitation
DEN	Dental
EPO	Exclusive Provider Organization
FAC	Facility
HLT	Health
HMO	Health Maintenance Organization
LTC	Long-Term Care
LTD	Long-Term Disability
MOD	Mail Order Drug
PDG	Prescription Drug
POS	Point of Service
PPO	Preferred Provider Organization
PRA	Practitioners
STD	Short-Term Disability
VIS	Vision

HD04	1204	Plan Coverage Description	O	AN	1/50	Situational
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Description: A description or number that identifies the plan or coverage

HD05 1207 **Coverage Level Code** O ID 3/3 Situational

Description: Code indicating the level of coverage being provided for this insured

CodeList Summary (Total Codes: 25, Included: 18)

<u>Code</u>	<u>Name</u>
CHD	Children Only
DEP	Dependents Only
E1D	Employee and One Dependent
E2D	Employee and Two Dependents
E3D	Employee and Three Dependents
E5D	Employee and One or More Dependents
E6D	Employee and Two or More Dependents
E7D	Employee and Three or More Dependents
E8D	Employee and Four or More Dependents
E9D	Employee and Five or More Dependents
ECH	Employee and Children
EMP	Employee Only
ESP	Employee and Spouse
FAM	Family
IND	Individual
SPC	Spouse and Children
SPO	Spouse Only
TWO	Two Party

HD09 1073 **Yes/No Condition or Response Code** O ID 1/1 Situational

Description: Code indicating a Yes or No condition or response

CodeList Summary (Total Codes: 4, Included: 2)

<u>Code</u>	<u>Name</u>
N	No
Y	Yes

DTP Health Coverage Dates

Pos: 2700	Max: 6
Detail - Optional	
Loop: 2300	Elements: 3

User Option (Usage): Required

Purpose: To specify any or all of a date, a time, or a time period

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier	M	ID	3/3	Required
Description: Code specifying type of date or time, or both date and time						
CodeList Summary (Total Codes: 1280, Included: 3)						
		<u>Code</u> <u>Name</u>				
		303 Maintenance Effective				
		348 Benefit Begin				
		349 Benefit End				
DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required
Description: Code indicating the date format, time format, or date and time format						
CodeList Summary (Total Codes: 42, Included: 2)						
		<u>Code</u> <u>Name</u>				
		D8 Date Expressed in Format CCYYMMDD				
		RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD				
DTP03	1251	Date Time Period	M	AN	1/35	Required
Description: Expression of a date, a time, or range of dates, times or dates and times						

LX**Provider Information**

Pos: 3100	Max: 1
Detail - Optional	
Loop: 2310	Elements: 1

User Option (Usage): Situational**Purpose:** To reference a line number in a transaction set**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
LX01	554	Assigned Number	M	N0	1/6	Required
Description: Number assigned for differentiation within a transaction set						

NM1 Provider Name

Pos: 3200	Max: 1
Detail - Optional	
Loop: 2310	Elements: 10

User Option (Usage): Required

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>						
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual CodeList Summary (Total Codes: 1500, Included: 1) <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>P3</td><td>Primary Care Provider</td></tr></table>	<u>Code</u>	<u>Name</u>	P3	Primary Care Provider	M	ID	2/3	Required		
<u>Code</u>	<u>Name</u>											
P3	Primary Care Provider											
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity CodeList Summary (Total Codes: 16, Included: 2) <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>1</td><td>Person</td></tr><tr><td>2</td><td>Non-Person Entity</td></tr></table>	<u>Code</u>	<u>Name</u>	1	Person	2	Non-Person Entity	M	ID	1/1	Required
<u>Code</u>	<u>Name</u>											
1	Person											
2	Non-Person Entity											
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name	X	AN	1/60	Situational						
NM104	1036	Name First Description: Individual first name	O	AN	1/35	Situational						
NM105	1037	Name Middle Description: Individual middle name or initial	O	AN	1/25	Situational						
NM106	1038	Name Prefix Description: Prefix to individual name	O	AN	1/10	Situational						
NM107	1039	Name Suffix Description: Suffix to individual name	O	AN	1/10	Situational						
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) CodeList Summary (Total Codes: 241, Included: 1) <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>SV</td><td>Service Provider Number</td></tr></table>	<u>Code</u>	<u>Name</u>	SV	Service Provider Number	X	ID	1/2	Situational		
<u>Code</u>	<u>Name</u>											
SV	Service Provider Number											
NM109	67	Identification Code Description: Code identifying a party or other code ExternalCodeList Name: 537 Description: Centers for Medicare and Medicaid Services National Provider Identifier	X	AN	2/80	Situational						

NM110	706	Entity Relationship Code	X	ID	2/2	Required
		Description: Code describing entity relationship				
		CodeList Summary (Total Codes: 124, Included: 3)				
		<u>Code</u>		<u>Name</u>		
		25		Established Patient		
		26		Not Established Patient		
		72		Unknown		

SE Transaction Set Trailer

Pos: 6900	Max: 1
Detail - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

Purpose: To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
SE01	96	Number of Included Segments Description: Total number of segments included in a transaction set including ST and SE segments	M	N0	1/10	Required
SE02	329	Transaction Set Control Number Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set	M	AN	4/9	Required